



PTO/SB/21 (02-04) (AW 02/2004)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 121

Application Number	10/725,650
Filing Date	December 2, 2003
First Named Inventor	Wenguang Ma et al.
Art Unit	1771
Examiner Name	Hai Vo
Attorney Docket No.	ALCN-101US2

**ENCLOSURES (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to Group  |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input checked="" type="checkbox"/> Extension of Time Request   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/08a & PTO/SB/08b (11 pgs.), PTO-Form 2038, Copies of 11 References, Return Receipt Postcard |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application   | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53  | <input type="checkbox"/> CD, Number of CD(s) _____                                       |  |

**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm or Individual Name	Jonathan H. Spadt	Registration No. (Attorney/Agent)	45,122
Signature			
Date	October 13, 2005		

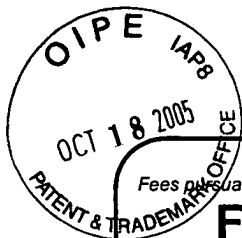
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed name	Linda J. Remer	Date	October 13, 2005
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1200.00

## Complete if Known

Application Number	10/725,650
Filing Date	December 2, 2003
First Named Inventor	Wenguang Ma
Examiner Name	Hai Vo
Art Unit	1771
Attorney Docket No.	ALCN-101US2

## METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP =	x	=		Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3 Month Extension of Time 37 CFR 1.17 (a)(3)

Information Disclosure Statement 37 CFR 1.17 (p)

Fees Paid (\$)
\$1020
\$180

## SUBMITTED BY

Complete (if applicable)

Signature	<u>Jonathan H. Spadt</u>	Registration No. Attorney/Agent	45,122	Telephone	610.407.0700
Name (Print/Type)	Jonathan H. Spadt	Date	October 13, 2005		

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